

ILHIE Authority Advisory Committee
Meeting Minutes
January 7, 2013

Attendance

Year 1 Appointees		
Name	Organization	Location
Bill Odman (Co-Chair)	St. Mary's Good Samaritan	Telephone
Hayes Abrams	Blue Cross Blue Shield (HCSC)	Chicago
Julie Bonello	Access Community Health Network	Telephone
Phil Burgess	Philip Burgess Consulting, LLC	Chicago
Carla Evans	UIC School of Dentistry; U IL Medical Center	Chicago
Patrick Gallagher	Illinois State Medical Society	Chicago
Roger Holloway	Northern Illinois University/IL-HITREC	Telephone
Peter Ingram	Sinai Health System	Telephone
Terri Jacobsen	Metropolitan Chicago Healthcare Council, MCHIE	Telephone
Patsy Jensen	Shawnee Health Services	Telephone
Patricia Merryweather	Telligen	Chicago
James Mormann	OSF Healthcare	
Sharon Post	SEIU Healthcare	Chicago
Fred Rachman	Alliance of Chicago Community Health Services; Chicago Health Information Technology REC	Telephone
David Stumpf	Professor Emeritus, Northwestern University, Woodstock Health Information & Technology	Telephone

Year 2 Appointees		
Name	Organization	Location
Danielle Byron	Community Counseling Centers of Chicago	Chicago
Daniel Corboy	University of Chicago Hospitals	Chicago
Gerald DeLoss	Private Practice	Chicago
Alan Gaffner	Greenville Regional Hospital & Fair Oaks Nursing Home	Springfield
Lawrence Kosinski	Illinois Gastroenterology Group	Chicago
John Lewis	Northern Illinois University/Illinois Health Information Technology Regional Extension Center	Telephone
Lori Williams	Illinois Hospital Association	Telephone

State of Illinois Employees		
Name	Organization	Location
Laura Zaremba, Mark Chudzinski, Mary McGinnis, Cory Verblen, Ivan Handler, Krysta Heaney, Saro Loucks, Dia Cirillo, Danny Kopelson	Office of Health Information Technology (OHIT)	Chicago

I. Roll Call and Introductions

Mark Chudzinski, General Counsel of the Office of Health Information Technology (OHIT), opened the meeting of the Advisory Committee (“Committee”) of the Illinois Health Information Exchange Authority on January 7, 2013 at 1:00 pm, hosted at the State of Illinois J.R. Thompson Center in Downtown Chicago, with a telephone conference call-in number and video connectivity with the Prescott Bloom Building, Directors Room 3rd Floor, Springfield Illinois. It was noted that notice of the meeting and the agenda were posted on the OHIT website and at the Chicago meeting location no later than 48 hours prior to the meeting. Roll was taken, and the ability of those attending by telephone to hear and participate was confirmed. Stan Krok the Committee Co-chair, welcomed the Committee members and members of the general public, who would be welcome to address the Committee during the Public Comments portion of the Agenda at the conclusion of the meeting.

II. Approval of Minutes

The minutes of the meeting of the Committee of October, 30, 2012 were approved.

III. ILHIE Authority Board Update

Mr. Raul Recarey, ILHIE Executive Director, reported that the ILHIE has been working very closely with the different Regional HIEs across the state and important conversations are being had. A couple of them already have copies of the ILHIE's standard service agreement that are being reviewed. The next stage is to develop a technical schema of what connectivity between us is going to look like. The ILHIE is also happy to report that the state of Illinois is now connected to Missouri via Direct Secure Messaging, meaning providers in both states can now send messages back and forth using ILHIE Direct Messaging. We're in advanced conversations with Cerner HISP in Missouri that will hopefully be quickly coordinating also a connection between ILHIE Direct Messaging and Cerner, so that'll broaden our scope of interconnectivity between both states. The CIHIE Regional HIE is also working with us to connect as an HISP as well. The first stage of what that connectivity between us is going to look like is going to be through direct messaging that is going to flow between the CIHIE HISP and the ILHIE HISP. The Lincoln Land HIE is also interested in connecting to us as well and they have a copy of our Agreement and are reviewing that as well. **Raul** mentioned, that he'd like to offer anyone who is interested a Direct Demo. It's very simple and a picture is worth a thousand words. I'm sure **Corey Verblen** could set something up where we could demonstrate how easy it is to log on from any computer and send secure, HIPAA compliant messages. We're also working closely with NIHIE, up in northern Illinois and **Dr. Lewis** and **Roger Holloway** are both here present, so if they'd like to add something later on, they are encouraged. But, that organization is looking to form up in the northern part of the state and we may become a viable, technical provider solution for them. We see a lot of interest in claim submission, a lot of our providers are looking to figure out a way to make the connection with ILHIE even more efficient by allowing us to connect directly into MMIS Medicaid, and have those claims flow through us instead of a per click message system that's there now. We're actively looking into this connectivity and will hopefully have these features live relatively soon. Raul also let everyone know he's working very closely with the MMAI providers that have been the receptors of the Medicaid Manage Care Contracts that recently were awarded. Most of them, if not all are actively looking at the ways that ILHIE can be a benefit in terms of developing a connectivity solution for their broad network.

IV. White Space Grant Program Update

Laura Zaremba, the OHIT Director, shared a quick update with the Committee. She was happy to report that we did in fact award three "white space" grants to organizations that will either connect directly to the ILHIE with their HIE solution or they will use the ILHIE to connect the participants, participating healthcare organizations to the ILHIE. It's either an HIE solution to ILHIE or Direct provider to ILHIE connection. We did award three organizations and we're very pleased with the geographic coverage of those proposals. The Committee has received the news release that went out on the program.

The three awarded organizations are: Heartland Health Outreach in the Chicago area, the Illinois Critical Access Hospital Network and Southern Illinois Healthcare. The bottom line on this program is that it is going to do exactly what we had hoped. It would do in generating interest in accelerating connectivity among underserved communities and underserved healthcare providers to HIE solutions in support of care coordination, achieving meaningful use, and really improving health outcomes. And by the end of the program year, which is December of 2012, we will have an additional 48 healthcare organizations representing more than 1600 individual providers as a result of that program. So I wanted to again, publically acknowledge those three organizations, thank everyone who's submitted an application. We're very much looking forward to executing this grant program and really from here on out the organizations will just be part of **Raul Recarey's** implementation of date because we are going to begin on boarding immediately.

V. Behavioral Health Integration Project (BHIP) Update

Dia Cirillo provided an update regarding the program year of the behavioral health integration project. We have several steering committee members who are part of the advisory committee. The folks at ILHITREC, **Roger Holloway**, **John Lewis** and CHITREC, our friends over there, **Fred Rachman**, **Abel Kho** and their team, as well Marvin Lindsey, I'd like to give a shout out to all those folks because they made BHIP a very successful project. **Marvin Lindsey**, in particular, provided phenomenal direction throughout. There's a lot to talk about, but what I'm going to do today is just let you know that as we kick off the new year we've got a full report coming to you, probably by the end of January, beginning of February. We are developing a white paper about BHIP, and I think the two biggest highlights coming out of BHIP that is really relevant to the advisory committee, are (1) We funded six projects of which five were very successful in demonstrating their ability to make a difference by utilizing ILHIE Direct and the direct protocol. I think an example of that is how much time is saved in a behavioral health environment by using ILHIE Direct. It really means significant time savings to the point of being able to either address more patients or introduce more services to the current patient load. The preliminary findings are very promising in terms of moving forward with health information exchange. (2) The second item is really around the legislation. I know Mark is on deck to talk about that, but I think the very exciting piece there is we now have a really strong handful of endorsing entities that include, most recently the addition of the Illinois Alcoholism and Drug Dependence Association, which came through at the end of December and we just heard a few days ago that the Illinois Psychiatric Society has also endorsed the HIE exception. So this brings the total number of endorsing entities to 4. We do know that there will be a few more joining the team, we hope very shortly. The other two endorsing entities are the Illinois Hospital Association, as well as the Illinois Association of Rehabilitation Facilities.

VI. Legislative Update

Mark Chudzinski provided a legislative update. As **Dia Cirillo** had mentioned, ILHIE is very pleased with the endorsements that have been received from four key stakeholder organizations. A bill has been prepared and forwarded to Springfield, we are expecting any day now with the beginning of the 2013 session that the bill will be filed and made public and we are anticipating moving the bill along in the coming months, hopefully with passage by May and the governor's signature by June or July. So we will keep the Advisory Committee advised of the progress of that legislation. Once we've got the legislation, the changes to the MHDDCA (Mental Health Development and Disabilities Confidentiality Act), agreed we are hoping to present a similar HIE exception to other specially protected categories of health information. In accordance with the recommendation of the Data Security and Privacy Committee, which was adopted by the full Authority Board on September 19, 2012. And those would involve changes to the Act involving HIV/AIDS confidentiality and genetic testing.

VII. Use Case Discussion

The Co-Chairman of the committee encouraged Advisory Committee members to outline a project as well as identify the resources that would be required to put that project in to play. The HIE team would take a look at the progress of the development of the project and how that may or may not fit in.

Raul Recarey added that as an exchange we really have a lot of flexibility in what direction we go. So the focus at ILHIE is we want to take a market based approach. We want to take an approach that definitely fills a void, satisfies a need. The suggestion that **Stan Krok** is making is to take the opportunity of talking about use cases that are actual projects that we can put on the table, some connection that can happen in 2013. The idea then is to take a practical approach for 2013 and rather than talk in abstract terms of where the HIE could go, it might be more efficient and effective to put some very specific scenarios on the table.

When speaking to this Committee, "market based" does not mean economic based, it'd be beneficial to some of the organizations to put these public projects on the table. Fortunately, federal dollars are available that can be put into these projects. A public sector is a great idea of how that can be done.

Dental Community Engagement

Carla Evans UIC School of Dentistry, shared an example of how Electronic Health Exchange would be beneficial in the sending of digital casts of patients' teeth to a facial surgeon at a neighboring hospital. It'd also be helpful in the sending of photographs to patients as they progress through orthodontic treatment. At the moment there is no

alternative way, other than conventional paper mail or hand carrying it. There is no trusted third party database.

Illinois Gastroenterology Group

Lawrence Kosinski explained to the Committee that one of the things that they are very much involved with is clinical decision support tools. There is very definitely a need for centralized depository clinical support tool via an HIE from multiple practices who have similar situations. They are working very hard on this from a national perspective because they believe that CDS tools should be in the cloud and not embedded within an EMR. But to Lawrence, it seems like an opportunity for a health information exchange because certain pieces of information are needed from each patient's file. It would be a wonderful project to work on.

Ivan Handler, in response to **Lawrence Kosinski**, suggested that we actually build the right frame work. The issue of images going back and forth really should be looked at as a refinement of the idea of making an order through the system. In some ways right now what we have is the C32s that we would aggregate, which don't include images. How do we refine what we're building so that someone might make an order The idea of thinking of how we can refine queries and other things so that someone might make an order, might push some data or it might just say 'here's an order' so that the provider who's going to fulfill that order can decide to either ask for the data right away or a little bit later. The clinical decision support may fit in something very similar, where there is a general framework where a decision support tool might decide it needs to pull some data or make an order to another specialist. We'd like to create a platform for the kinds of workloads, the kinds of use cases that physicians will have so we can allow people to plug in specific items rather than make everything a separate use case, which has a much bigger overhead. It would cause more confusion. Given that we're just starting from new here, we don't have to reengineer a lot. **Ivan** expressed his excitement in following up with people, so that simple steps in this direction can be made.

VIII. Public Comment

No public comments in Chicago or Springfield.

IX. Next Meeting

To be determined

X. Meeting Adjourned 2:21 PM

Minutes submitted by

Alice Richter, Office of Health Information Technology

